Giving Voice to People Living with Obesity

The Obesity Action Coalition

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Disclosures

• Consulting Fees
  – 3D Communications
  – Eisai
  – Enteromedics
  – Novo Nordisk
  – The Obesity Society
Objective

Describe how a high prevalence of both explicit and implicit weight bias leads to discrimination in education, healthcare, employment, and social interactions.
How Bias Drives Discrimination and Undermines Progress
What Is Weight Bias?

- Negative attitudes toward individuals with obesity
- Stereotypes leading to:
  - Stigma
  - Rejection
  - Prejudice
  - Discrimination
- Expressed in words, actions, relationships, online interactions
- Subtle and overt
Weight Bias Invades Every Corner of Life

Substantial evidence of bias in:

– Media
– Employment
– Education
– Interpersonal Relationships
– Youth
– Healthcare

Weight Bias in the Media

- Stereotypical portrayals
- Abundant but often ignored
- Reinforces social acceptability of bias
- Affects public perceptions about obesity
Weight Bias in Employment

Population Studies

Experimental Research

Inequitable hiring practices
Prejudice from employers
Lower wages
Disciplinary action
Wrongful job termination

The Washington Post
Too fat to fly? Air India grounds 130 flight attendants for being overweight
Students with Obesity Face

- Harassment and bullying
  - From other students
  - From teachers
- False and low expectations from teachers
- Barriers to opportunities

Weight Bias Persists in Universities

• Candidates for undergraduate admission
  – Identical but for weight status
  – Candidates with obesity judged less qualified

• Study of graduate psychology programs
  – Interviews favored thinner candidates
  – Regardless of qualifications

Healthcare Providers Express Bias Against People with Obesity

- Non-compliant
- Lazy
- Lack self-control
- Awkward
- Weak-willed

- Sloppy
- Unsuccessful
- Unintelligent
- Dishonest

Sources:
Berryman et al., 2006; Creel & Tillman, 2011; Ferrante et al., 2009; Gujral et al, 2011; Hebl & Xu, 2001; Huizinga et al., 2009, 2010; Miller et al., 2013; Pantenburg et al., 2012; Pascal & Kurpius, 2012; Phelan et al., 2014; Puhl et al., 2013, 2014;
Weight Bias Matters Because

- It’s no different from any other bigotry
- Violation of human dignity
- Dehumanizes people
- Waste of human potential
- Barrier to overcoming obesity
Except for Our Biases
Obesity Is Much Like Other Diseases

• Biology is the dominant driver

• Environment shapes biological responses
  – Food supply
  – Barriers to physical activity
  – Environmental pollution
  – Microbes
  – Trauma & stressors
  – Many other factors

• Personal choices can help or hurt
Pervasive Bias Affects Every Aspect of Obesity

- Research affected by a dearth of curiosity
- Prevention efforts weakened by measurement gaps
- Access to care limited by patient experiences, provider bias, and health plans
- Quality of care suffers when patients are blamed
- Conflicting agendas get in the way of healthcare
Encountering Bias Discourages Patients from Seeking Care

- Delaying appointments
- Avoiding routine preventive care
- Seeking care in emergency departments
- More frequent doctor shopping
Health Plans Discourage People from Seeking Obesity Treatment

- Routine policy exclusions for obesity "Regardless of any potential health benefit"
- Lifetime procedure caps
- High out of pocket costs
- Problematic reimbursement rates and procedures
Bias Compromises Quality of Care

- Less empathetic care
- Less preventive care
- Patients feel berated and disrespected
- Obesity blamed for every symptom

“You could walk in with an ax sticking out of your head and they would tell you your head hurt because you are fat.”

Sources: Anderson & Wadden, 2004; Bertakis & Azari, 2005; Brown et al., 2006; Edmunds, 2005; Turner et al., 2012; Mulherin et al., 2013
Stigma Sometimes Rationalized as Motivating

“By trying to prevent stigmatization, they [advocacy groups] have encouraged overweight people to continue their unhealthy habits.”

- Robert Dorgazi, MD
  AJM, Mar 2015
Research Shows that Stigma Actually Makes Things Worse

- Research shows weight discrimination doubles the risk of developing obesity
- And triples the risk of persistent obesity
- Encouragement, not blame, is needed

Source: Gudzune et al, Prevent Med, 2014
The Cycle of Obesity, Weight Bias, and Complications

Source: UConn Rudd Center
Sara FL Kirk:

“Being weight bias aware is about humanizing obesity”
Obesity Is a Disease, Not a Choice

Research shows

• People reject bias when they understand the external causes of obesity

• People express bias when they perceive it as a choice

Sources: Crandall, 1994; Crandall & Moriarty, 1995; Crandall et al., 2001; DeJong, 1993; Puhl, Schwartz, Brownell, 2005.
Assuring that Your Practice Is Bias-Free

• Awareness
• A welcoming physical environment
• Respectful language
• Clients at the center of everything you do
People Prefer Language Free of Bias and Stigma

<table>
<thead>
<tr>
<th>Least Stigmatizing</th>
<th>Most Stigmatizing</th>
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<tbody>
<tr>
<td>• Weight</td>
<td>• Fat</td>
</tr>
<tr>
<td>• Unhealthy weight</td>
<td>• Morbidly obese</td>
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<td>• High BMI</td>
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<td></td>
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Being Labeled “Obese” Marginalizes People with Obesity

People-first language

- Preferred for disabilities and chronic diseases
- Labels put people in a box
- “I know what kind of person you are”
- “Obese” is a label to reject
- Obesity is a disease, not an identity

Labels are disrespectful

- People who use “obese” labels display more bias against people with obesity
- People with obesity reject HCPs labeling them as “obese”
- Women especially reject being called “obese”

Source: Kyle et al, Obesity Week, 2013.
Giving Voice to People Living with Obesity

The Value of a Strong Voice for People Living with Obesity
Experience with HIV Stigma Provides Useful Learning

Key Principles

• Address Drivers
  – Shame & blame
  – Misinformation
  – Fears

• Connect people affected to experts & policymakers
  – Prevention strategies
  – Role models

• People affected at the center
  – Build networks
  – Empower people affected
  – Address self-stigma

Sources: Janet Turan, Reducing HIV-Related Stigma in Healthcare Settings, presented at the National Academines; Laura Nyblate, Research Triangle Institute
The Obesity Action Coalition

- Created in 2005
- After a legislator
- Pointed to the absence of a voice in policy
- For people living with obesity

Building Momentum for the Future
Core Values

- Individuals affected by obesity should be treated with the same level of compassion, dignity and respect as those with other serious medical conditions.

- Access to evidence-based medical care without undue limitations on access or excessive copays.

- No stigma or discrimination against people because of their weight or how they deal with it.
Effort Priorities

• Education
• Advocacy
• Support

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Summary

- Pervasive bias compromises research, practice, health, and policy
- Humanizing obesity is key to reducing bias
- A strong voice for people living with obesity is essential
- Progress is coming from empowering people, confronting bias, access to care, innovative research
More Information

- [www.conscienhealth.org/news](http://www.conscienhealth.org/news)
- [Facebook.com/ConscienHealth](http://Facebook.com/ConscienHealth)
- [@ConscienHealth](http://@ConscienHealth)